Hamilton Niagara Haldimand Brant **LHIN**
RLISS de Hamilton Niagara Haldimand Brant

Working Together for Better Health Care: Integrated Health Service Plan 2013-2016

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Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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EXECUTIVE SUMMARY

This is the third Integrated Health Service Plan (IHSP) for the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN), which presents the organizations directions and priorities for the next three years, starting in April 2013. In preparation for the IHSP, the HNHB LHIN undertook a strategic planning process to identify those key directions which, taken together, will transform the local health system.

The development of the Strategic Health System Planning (SHSP) followed a robust process, including:

- a review of population, demographics, health status and utilization data
- a literature review of lessons learned from other high performing systems around the world
- significant engagement input and feedback from stakeholders, including, citizen provider organizations, physicians and other stakeholders such as elected officials.

The HNHB LHIN pioneered new ground as part of its strategic planning process by engaging citizens across our communities through citizens reference panels (CRPs). Through the CRPs, the HNHB LHIN engaged community members, along with legislatively defined priority populations (i.e. Aboriginal and Francophone), to elicit thoughts and feedback of the needs and preferences of the health system users.

Based on what we heard from citizens, and from our analysis of other inputs, the following principals were identified to guide future transformation of the health system:

- improve the patient experience
- ensure alignment with the common vision and philosophy of care
- improve quality
- promote integration
- enable enhanced sustainability.

The overall aim of the HNHB LHIN, over the course of the next three year period, will be to dramatically improve the patient experience through quality, integration and value.

Our three key strategic directions, flowing from this aim, are:

1. Dramatically improve patient experience by embedding a culture of quality throughout the system.
2. Dramatically improving the patient experience by integrating service deliver.
3. Dramatically improving the patient experience by evolving the role of the LHIN by becoming Health System Commissioners.

These strategic directions are further defined in terms of specific goals and action steps, which will form the basis of the implementation plan over the coming three years. The implementation plan will be further detailed through the LHIN's Annual Business Planning process.

1. INTRODUCTION

1.1. The LHIN Landscape

In 2006, 14 LHINs were established in Ontario to plan, coordinate, integrate and fund local health services. The HNHB LHIN covers a large and geographically dispersed area of more than 7,000 square kilometres and serves the health care needs of more than 1.4 million people. This is accomplished through the allocation of $2.6 billion to programs and services offered through more than 200 health service providers (HSPs). These include hospitals, long-term care homes (LTCHs), community support services (CSS), mental health and addiction (MH and A), community health centres (CHCs), and community care access centres (CCACs).

The HNHB LHIN population has more than 230,000 seniors, which is the largest number of seniors of all Ontario LHINs. It also has the largest on-reserve[1] Aboriginal population and a significant off-reserve[2] population. More than two percent of the population is Francophone. From a health perspective, one in seven residents lives below the poverty line, and there are large numbers of residents with low income and low education levels (which are associated with higher rates of illness, use of health care services, and premature death). Relative to the province, there is a higher prevalence of daily or occasional smoking, heavy drinking, and obesity, as well as higher rates of arthritis, high blood pressure and asthma.

1.2. Integrated Health Services Plan and Strategic Health System Plan

Every three years, each LHIN completes a diligent process of developing a three-year IHSP. This process is legislated by the *Local Health System Integration Act* (*LHSIA*). Essentially, the IHSP is a roadmap which guides health system improvements over the following three years. The IHSP sets the vision and identifies the integration priorities and initiatives to be delivered within available health system resources. The IHSP demonstrates a devolved and local approach to integrated planning by reflecting priorities of the Ministry of Health and Long-Term Care (ministry).

This year, in preparation for the IHSP, the HNHB LHIN undertook a strategic planning process to identify those key directions which, taken together, will transform the system.

The HNHB LHINs Strategic Plan recognizes the need for health system transformation to achieve its vision of, *"a health care system that keeps people healthy, gets them good care when they are sick, and will be there for our children and grandchildren"*. The vision from the Minister of Health and Long-Term Care (Minister's) Action Plan: ***"To make Ontario the healthiest place in North America to grown up and grow old"*** has strengthened the commitment to transformation.

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[1] On-reserve population – Canadian Indians located or living within a designated Indian reserve. Within the HNHB LHIN area this means any Aboriginal population living within one of the two Indian reserves (Six Nations of the Grand River Territory and Mississaugas of the New Credit First Nation).

[2] Off-reserve population - Canadian Indians located on or living in a place that is not part of a designated Indian reserve. Within the HNHB LHIN area this means any Aboriginal population living outside of the two Indian reserves (Six Nations of the Grand River Territory and Mississaugas of the New Credit First Nation).

With a view to building on the Minister's directions, momentum from Don Drummond's "The Commission on the Reform of Ontario's Public Services", and the LHIN's provincial priorities, the HNHB LHIN engaged PricewatehouseCoopers (PwC) to support them in the development of a five-year SHSP. To emphasize that the SHSP was not a plan to plan, but a plan for action, the project was titled: **ACTION – A Call to IntegratiON Now.** The intent of the SHSP is to build an evidence-based integrated, and person-centred health care system.

The SHSP is the basis for the third iteration of the IHSP with a focus of putting people at the heart of high quality health care. This IHSP, with the SHSP as its foundation, will guide the HNHB LHIN's Annual Business Plans (ABPs), integration priorities, and funding decisions for the local health system from 2013–16.

2. MINISTRY IN ONTARIO AND LHINS: PARTNERS IN HEALTH SYSTEM IMPROVEMENTS

This chapter summarizes the current priorities of the government and the LHINs' collective health system imperatives as set out by the LHIN Chief Executive Officers (CEOs) to illustrate how they set the context for the 2013-16 IHSP.

Provincial Context
Supporting the delivery of health care in a challenging environment and mandate for transformation.

Ontario's LHINs are responsible for the allocation of about half of the province's health care expenditures, or about $22 billion in funding as of 2011[3]. Working with the ministry, LHINs will ensure that local and regional plans align with provincial priorities for the health care system to improve access to care and ensure sustainability.

Between 2003-04 and 2011-12, health sector funding in the provincial budget increased at an average rate of 6.1% annually, for a total increase of $17.9 billion. However, the province now faces substantial fiscal pressures. In an effort to reduce expenditure growth to ensure sustainability and manage those challenges, the government has stated that "funding for the health care system cannot continue to grow at past rates.[4]" This will require getting better value for money from all parts of the health care system, to maintain access to services, and continue to improve the quality of care.

A key driver of future health care costs, in addition to general inflation and changes in technology, and a factor in the sustainability of the system, is the fact that the population of Ontario is getting older, and as people age they require more health care services.

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[3] Estimates, 11/12

[4] 2012 Provincial Budget, page 23

Specifically, in 10 years, there will be 43% more seniors in the province than there are now, and in 20 years, there will be twice as many[5]. Without changing how we deliver care in Ontario, in 20 years the health care system would cost $24 billion dollars more per year than we spend now[6]. Therefore, Ontario's LHINs are planning for changes to the health care system that support delivering the right care in the right place, promote value for the dollar, and ensure that resources are used sustainably.

Ontario's LHINs, with a mandate to engage with the public, health care providers and other stakeholders in their local communities, are uniquely positioned to address these fiscal, demographic and technological challenges. LHINs will develop local plans, such as those outlined in this IHSP. With the fiscal and demographic pressures outlined above reinforcing the need to make changes now, several other important factors are currently aligned to provide broad support for the implementation of the Action Plan's priorities[7]:

- a shared commitment among providers, administrators and frontline staff to ensure the system is ready for the challenges of the future
- embracing e-health and other technologies that provide the new productivity tools and diagnostic techniques that support efficient ways of managing information
- using the latest evidence and research to guide how resources are used, where they are most effectively used and best serve patient needs.

Provincial priorities and LHIN system imperatives

In January 2012, the province unveiled Ontario's Action Plan for Health Care to meet the challenge of managing spending growth while continuing to provide high-quality care to all Ontarians.

The Action Plan identifies three focus areas:

1. keeping Ontario healthy
2. faster access and a stronger link to family health care
3. right care, right time, right place.

Using these priorities as a guide, each LHIN can develop local priorities and areas of focus to address local needs.

To align the high-level goals of the Action Plan with their IHSPs, Ontario's LHINs have developed several system imperatives. These imperatives, highlighted below, will guide decisions LHINs make regarding the allocation of resources among providers and the programs and projects to be funded at the local level. Ongoing accountability will be tracked through strategic planning, accountability agreements and performance measurement.

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[5] Ontario's Action Plan for Health Care, P. 7

[6] Ontario's Action Plan for Health Care, P. 7

[7] Ontario's Action Plan for Health Care, P. 6

As each LHIN develops its IHSP, they will work in partnership with the ministry and local stakeholders to ensure a sustainable health care system that delivers high-quality care and will be there for future generations.

The goal of the Action Plan is to create an "obsessively patient-centred" health care system by ensuring care is based on evidence, care is delivered in the right setting and care is coordinated so that patients move from one provider to another seamlessly.

Keeping Ontario Healthy

This Action Plan priority will focus on helping people stay healthy by supporting the habits and lifestyle changes that keep people healthy. In addition to tackling childhood obesity, smoking and cancer screening, the province will continue to work on better management of chronic conditions, such as diabetes. LHINs across Ontario have been working with local providers on chronic disease prevention management (CDPM) strategies for many years, and a strong foundation is in place to build upon. There have been many measurable accomplishments improving the way diabetes patients are treated by increasing the coordination of care and adding new resources for individuals and families.

Faster Access and a Stronger Link to Family Health Care

Family health care is the hub of the health care system for most people. Your family physician or health care team is ideally the first point of contact with the health care system when someone needs help, unless it is an emergency. Outside of the hospital, it is also where your follow-up care is provided and referrals are made to more specialized professionals. Ontario's Action Plan identifies faster access to primary care, more ways to access family health care resources, such as telemedicine points of contact, and the introduction of quality measures to family health care as a key component to have a fully integrated system. The goal is to ensure appropriate care from family care providers, to deliver right care in the right place at the right time, and help reduce hospital readmissions.

In alignment with the Action Plan, enhancing access to primary care is an imperative that will help ensure people have timely access to a primary care provider. It will also support the appropriate use of hospital and clinic resources. Guided by the Action Plan's proposal to bring the organization of primary care under the mandate of the LHINs, planning for this outcome is spelled out in more detail in the IHSP including how LHINs will measure success and how planned changes will have an impact.

Reducing hospital readmissions will have an important effect on the sustainability of the health care system. In 2008-09, the rate for unplanned readmissions to hospital was 15% in Ontario, which the ministry considers high compared to other jurisdictions[8].

LHINs, working with local providers, can help integrate the health care system more fully, developing ways to manage the planning and accountability for the full patient journey, improving results for everyone. The system leadership imperative, Implementing Evidence-Based Practice to Drive Quality, will support consistent coordinated responses to high-priority safety issues in the system.

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[8] Ministry presentation to Primary Care Leads Jan 2012/Baker report

By reducing adverse events in all care settings (e.g. hospital, LTCH, community/home), Ontario's LHINs can build on the many patient safety initiatives currently implemented by health care providers. In partnership with Health Quality Ontario (HQO), and other key stakeholders, LHINs will work to develop coordinated plans to reduce adverse incidents that impact the quality of care and embrace best evidence-based decision making.

Right Care, Right Time, Right Place

The "Right Care" means care informed by what the best scientific evidence and clinical guidelines have determined is the best care for you. It eliminates unnecessary procedures and tests while making resources available for those who need them most. The province and the LHINs will work with HQO to translate evidence into tools and guidelines that can help providers put patient-centred and evidence-based care into practice.

Care at the "Right Time" means having faster access to the care you need. This could mean telemedicine or supports to help you stay at home longer, in your community close to your family and friends. This priority will also mean a renewed emphasis on preventative and proactive care so chronic conditions are managed reducing the number of hospitalizations a person will require, easing the strain in emergency departments (EDs) and inpatient beds across the province.

Care in the Right Place addresses several serious issues in the health care system. One of the most pressing issues is the challenge of Alternate Level of Care (ALC) patients, who are in hospital beds, but would be best cared for in the community with support services, to help maintain and improve their quality of life. Community care costs a fraction of what it costs to keep a patient in a hospital bed. To support the Action Plan's goal of providing more community-based care for seniors, the 2012 provincial budget will increase funding for home and community service by four percent annually over the next three years[9].

This will require changes in the funding of the traditional health care providers in the system and our hospitals will see some large changes in how we fund them to make the system more patient-centred. LHINs will work with hospital and community partners to transition procedures out of the high cost hospital setting into non-profit community-based clinics. Furthermore, hospitals' base-budgets will be transitioned into a patient-centred funding model where the provider is rewarded for high-quality care and better use of resources. LHINs will work with hospitals to manage the plan for the phased implementation of this change, which began in April 2012. To help address the fiscal concerns of the province, hospital base-budgets have been frozen, and there will only be a two per cent increase in funding for certain activity-based initiatives, such as targeted wait-times reductions and priority treatments.

In addition, the province will launch a Seniors Strategy, building on the successes of the Aging at Home (AAH) program. This will put renewed focus on keeping people from being unnecessarily admitted to hospital. The expansion of community-based care and the call to empower LHINs to shift resources to where the need is greatest, will be based on local needs and plans developed throughout this IHSP.

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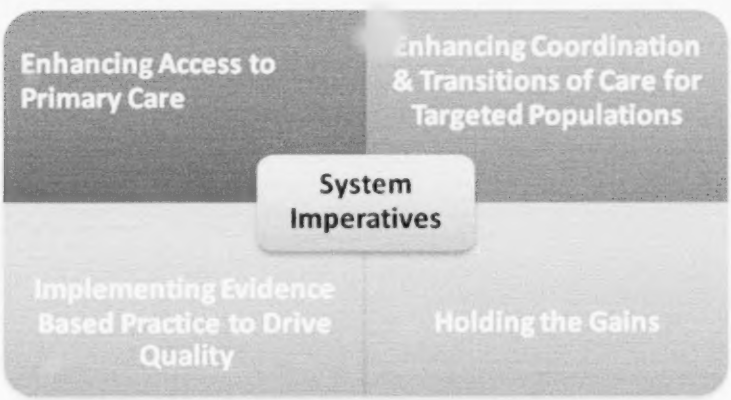
[9] 2012 Ontario Budget, page 28

LHINs also have a mandate under this plan, to further integrate the health care system, which will enable Ontario residents to navigate care easier, and access programs and services in a seamless manner.

Enabling Coordination and Transitions of Care is a LHIN system imperative that focuses on key high-need/high-use populations. The highest users of the health system – the top one percent to five percent, who account for one third to one half of the province's health spending – are populations who are often older, may have multiple chronic conditions, and may suffer from mental health and/or substance abuse issues. The health care system will provide coordinated plans of care for these targeted populations to assist them to get the right care when and where they need it.

As outlined above, three of the LHIN's strategic system imperatives easily coordinate with the Action Plan's three priorities, providing local guidance for the Action Plan's provincial vision. A fourth LHIN system imperative, Holding the Gains, will help Ontario's LHINs make sound choices about local projects by ensuring that achievements made to date are not lost as new priorities are developed, and they are moved forward. A challenge for all organizations that periodically refresh their strategic directions, LHINs must be sure to protect the many advances they have made in improving wait-times, value for money, transparency and accountability.

The LHINs' system imperatives map out as shown in the graphic below:


Enhancing Access to Primary Care
Enhancing Coordination & Transitions of Care for Targeted Populations
System Imperatives
Implementing Evidence Based Practice to Drive Quality
Holding the Gains

Provincial Priorities, LHIN system imperatives and the IHSP

Since 2006, LHINs have been accountable to their local communities to plan and integrate the health care system, in partnership with the ministry. Throughout this IHSP, there is close alignment with Ontario's Action Plan and the provincial budget to transform the health care system in Ontario.

The system imperatives developed by Ontario's LHINs will help guide the development of priorities that reflect the high-level goals of the Action Plan. LHINs are committed to achieving a balance of the province's goals in the Action Plan coordinated within the LHIN's strategic imperatives, and reflecting the needs of our local communities and regions.

In this IHSP, they come together in a series of priorities that balance the input of our health care provider partners and all key stakeholders.

3. CURRENT STATE OF THE LOCAL HEALTH SYSTEM

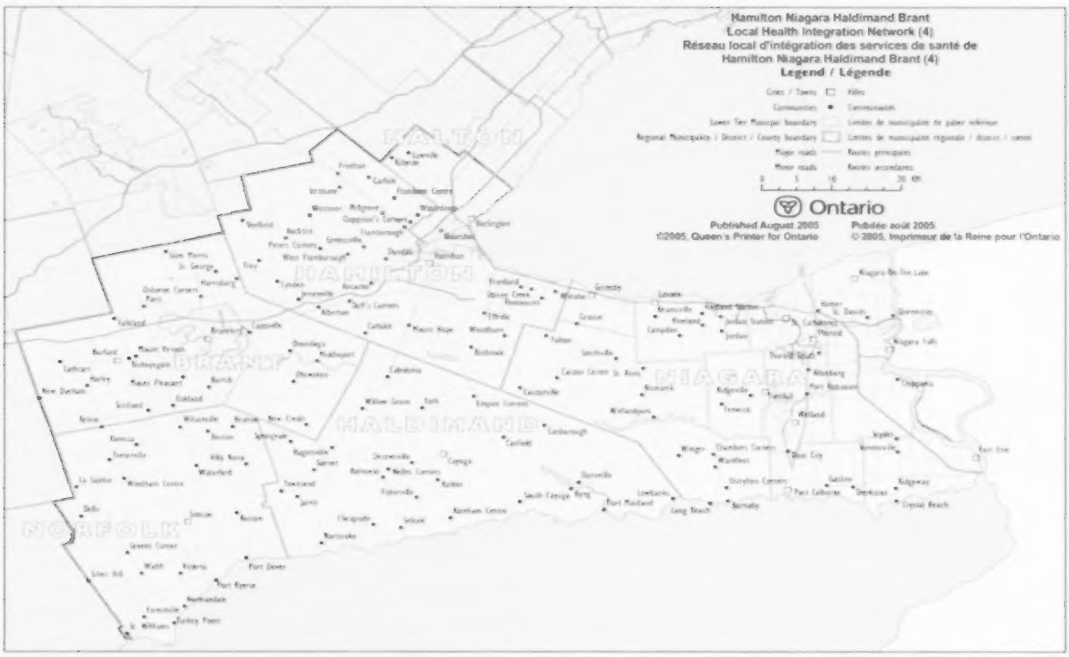
An extensive current state analysis of our LHIN was completed as part of the SHSP. The environmental scan portion of the current state analysis, along with the other components of the current state analysis, can be found by clicking here.

3.1. Demographics

The HNHB LHIN is home to over 1.4 million people - about 11% of the population of Ontario and the third-largest LHIN in Ontario. The LHIN population is projected to grow 4.1% over the next five years, and 8.8% over the next ten years[10].

The HNHB LHIN's population is aging. The total number of people 65-74 years old is growing the fastest and the largest changes will be among people age 65-74 (45.2%) and 85 or older (33.4%) over the next ten years.

As of 2011, more than 230,000 people age 65 or older, live in this LHIN, which is the largest number of seniors of all Ontario LHINs[11].


Hamilton Niagara Haldimand Brant
Local Health Integration Network (4)
Réseau local d'intégration des services de santé de
Hamilton Niagara Haldimand Brant (4)
Legend / Légende
Ontario
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3.2. Socio-Demographic Characteristics

The LHIN has a very diverse population. For 18% of residents, neither English nor French is their first language. Francophones, First Nations, and urban and rural Aboriginal people are recognized populations in the HNHB LHIN. Compared to Ontario, the LHIN has a lower percent of immigrants and visible minorities.

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[10] Population Projections, LHIN, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO

[11] Population Projections, LHIN, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO

There are two reserves in the HNHB LHIN – Six Nations of the Grand River Territory, which has the largest population of all First Nation communities in Canada, and Mississaugas of the New Credit First Nation. The total registered Aboriginal population in the LHIN is approximately 24,000 people (1.7% of the total LHIN population) with about half the population living on reserve. Non-Status, Métis, and Inuit populations are not included in these population estimates[12].

The HNHB LHIN has a higher percent of lone parent families, and a lower percent of adults with post-secondary education than the Ontario average. The unemployment rate is slightly lower than the Ontario average, fluctuating over time. The share of economic families below the Low Income Cut-Off (LICO) in the HNHB LHIN is slightly lower at 13.8% that the Ontario average. And, there are slightly lower than average education levels (both high school and university), particularly in rural areas of this LHIN.

Here is a breakdown of specific socio-demographic characteristics[13]:

	HNHB LHIN	Ontario	Range for all 14 LHINs
Total Population (2011)	1,414,803	13,370,601	238,760 - 1,798,751
Senior population, age 65+ (2011)	16.4%	14.1%	10.2% - 18.3%
Population with English mother tongue	79.2%	68.4%	49.6% - 90.9%
Population with French mother tongue	2.0%	4.1%	0.8% - 22.9%
Population who are immigrants	20.3%	28.3%	6.3% - 55.7%
Population who are recent immigrants (arrived between 2001-06)	2.3%	4.8%	0.3% - 9.5%
Populations who are visible minorities	9.1%	22.8%	1.4% - 50.3%
Population of Aboriginal identity	1.7%	2.0%	0.4% - 19.0%
Labour force participation rate (age 15+)	65.7%	67.1%	60.1% - 71.5%
Unemployment rate (age 15+)	6.0%	6.4%	5.2% - 8.4%
Population in low income (before tax) all persons	13.8%	14.7%	9.7% - 24.2%
Families (with children) headed by a lone parent	16.2%	16.0%	13.8% - 19.4%
Population (age 25-64) without certificate, degree, diploma	14.6%	13.6%	9.0% - 20.3%
Population (age 25-64) with completed post-secondary education	47.5%	52.7%	42.0% - 64.9%

3.3. Health Status

Self-reported health can show aspects of health not captured in other measures. Similar to Ontario's rates, more than 61.5% of LHIN residents rate their health as 'excellent' or 'very good'[14]. However, significantly more LHIN residents say they are limited in activities because of a physical or mental condition or health problem, and have pain or discomfort that prevents activities.

The HNHB LHIN's residents have significantly more arthritis/rheumatism compared to the province as a whole. Rates of asthma and high blood pressure are slightly, but not significantly higher, than Ontario rates. Diabetes rates, on the other hand, are comparable to the province[15].

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[12] First Nations Peoples in Ontario: A Demographic Portrait. Ministry of Health and Long-Term Care, Health System Information Management and Investment Division. Health Analytics Branch, January 2009

[13] Population Projections, LHIN, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Remaining indicators based on 2006 Census of Canada, Statistics Canada

[14] Statistics Canada, Canadian Community Health Survey, 2009-10

Other findings include that there is a higher proportion of overweight/obese residents than the Ontario average; a higher incidence of arthritis, heavy drinking and injury hospitalizations (e.g. falls, motor vehicle accident); and the life expectancy is lower in this LHIN.

Death rates reflect the overall health of the population. Lower death rates show success in preventing, detecting, and treating disease, and reducing suicide. In 2007, there were 11,594 deaths among residents of the HNHB LHIN. Heart disease, lung cancer, and stroke were the top three leading causes of death. Potential years of "life lost" rates are useful for measuring the number of years of "life lost" from deaths that occur "prematurely" (i.e., before age 75). Deaths, potential years of "life lost" and hospitalization rates in the HNHB LHIN are higher than provincial rates[16].

3.4. Health Practices and Preventive Care

Poor health practices increase the risk of chronic disease, disability, and death. Relative to the province, more people in the HNHB LHIN smoke daily or occasionally, drink heavily, and are obese[17].

Preventive health care services can help find disease early, which over the long term reduces illness and death. Of the selected preventive health indicators, none are significantly different from Ontario as a whole. Among women in the HNHB LHIN, 71.7% had a Pap smear (for cervical cancer screening) within the previous three years, 73.1% received a routine mammogram in the previous two years, and 31.7% had a flu shot in the past year[18].

Most people get their care through their family doctors. Doctors also play a key role in coordinating care and managing chronic conditions. Most people (81.3%) in the LHIN talked, either in person or by phone, with a doctor in the last year. This is similar to the Ontario rate of 82.2%[19].

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[15] Statistics Canada, Canadian Community Health Survey, 2009-10

[16] Death, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO

[17] Statistics Canada, Canadian Community Health Survey, 2009-10

[18] Statistics Canada, Canadian Community Health Survey, 2005, 2008 and 2009-10

[19] Statistics Canada, Canadian Community Health Survey, 2009-10

4. COMMUNICATIONS AND ENGAGEMENT

Communications and Engagement formed a critical part of the SHSP process. A complete reporting of the communications and engagement activities contributing to this process can be found by clicking here.

4.1 Citizen's Reference Panels (CRPs)

The HNHB LHIN pioneered new ground as part of its strategic planning process in order to put people at the heart of quality health care. The HNHB LHIN engaged citizens from across its communities for their insights, experiences and ideas to help transform the local health system. The HNHB LHIN's goals were to understand what is working well, what can be improved upon, and what integration opportunities exist with HSPs.

Communications and engagement initiatives supporting this strategic planning process, began in March 2012 and continued through November 2012. The HNHB LHIN broadly reached citizens through website postings and blogs, direct citizen engagement (CRPs), proactive media relations, social media activities such as Twitter, and other communication tactics. A tracking of engagement opportunities, and an estimate of people engaged, is outlined in Appendix IV for Engagement Activities by Phase.

The Citizens' Reference Panels provided meaningful input from community members through education and engagement.

Through the CRPs, the HNHB LHIN engaged community members, along with legislatively defined priority populations (i.e., Aboriginal and Francophone), to elicit thoughts and feedback on the needs and preferences of health system users.

The CRPs were designed to support the development of the SHSP with meaningful input from community members through education and engagement. Using the media and its website, the HNHB LHIN invited residents who are passionate about high quality health care to apply for participation on the CRP. From the more than 100 applications received, a random sample of 50 panelists were selected to meet specific parameters, and ensure CRP representation was reflective of the HNHB LHIN population. From the 50 selected, 36 were able to attend the three mandatory sessions. Two additional CRPs were convened to represent the Aboriginal and Francophone communities.

Existing Aboriginal and Francophone networks within the LHIN invited the attendees and coordinated the sessions on behalf of the LHIN. The process for the broader CRP was adapted as appropriate and required for these two groups. For the broader general public CRP session, panelists participated in three full-day sessions[20]:

- Kick-Off Session (May, 2012) – This session focused on education about the health care system, the LHIN, providers, and the HNHB LHIN population.

[20] The Aboriginal CRP met twice – June and September 2012.

- Working Session (June, 2012) – This session focused on sharing personal experiences with the HNHB health system, and identifying improvement ideas. The feedback from this session was presented during the Future State Workshop, and informed the development of the strategic directions.
- Planning Session (September, 2012) – In the final session, the go-forward plan was presented for feedback and validation.

In addition to the CRPs – broader general public, Aboriginal and Francophone – the HNHB LHIN also engaged several other groups of citizens, who are current consumers of health services, to gain an understanding of the special needs of these populations in terms of the challenges, barriers and suggestions for improvement. These groups were comprised of clients and family members dealing with MH and A and chronic conditions, as well as new immigrants.

4.2. Focus Groups

Based on the quantitative data, leading practice analysis and knowledge of the communities it serves, the HNHB LHIN identified three vulnerable populations that required targeted engagement to ensure their needs were reflected within the Plan. Providers who care for and serve high risk seniors, individuals with chronic diseases, and those with MH and A issues, were invited to participate in population-specific focus groups.

The HNHB LHIN selected focus group participants based on participant's knowledge of the priority populations. Focus groups ranged in size from eight to 20 participants, and reflected the different sectors, including primary care, LTC, hospitals, community sector, CCAC, and non-LHIN funded providers.

Where possible, membership from existing groups and networks was leveraged. Focus groups were conducted by PwC without HNHB LHIN staff in attendance.

The HNHB LHIN recognized that physicians, through the provision of direct patient care and the coordination and acceptance of referrals from other system providers, have deep insights on the effectiveness of the current system and the opportunities for improvement. To elicit these valuable perspectives, the HNHB LHIN conducted a focus group with members of the HNHB LHIN Primary Care Network. The format and structure of this focus group mirrored the population-specific focus groups held with providers. The feedback from this session was presented at the Future State Workshop.

4.3. Workshops and Meetings

The quantitative and qualitative findings from the current state, forecasting, and focus groups provided the fundamental and essential inputs to initiate Future State design. These findings were consolidated and presented for validation and discussion at:

- Two Future State Workshops (one full-day, one half-day) with Steering Committee and Provider Working Group members along with Chief Medical Leaders (CML). This includes the Chiefs of Staff from all of the LHIN hospitals.
- One Board Retreat (full-day) with HNHB LHIN Board of Directors (Board) Members.
- One Board Education Meeting with HNHB LHIN Board Members.

After each of the Future State Workshops, key concepts and themes were summarized and shared for feedback with the CRPs, provider networks, and physician networks, including both primary care and specialist physician groups. The discussion and direction from each of the workshops and meetings provided crucial input to shape the strategic directions for transformational change. The Draft Final SHSP was presented to the HNHB LHIN Board at its October 30, 2012, meeting, with the final report coming to the Board at its December 12, 2012 meeting.

5. STRATEGIC DIRECTIONS FOR TRANSFORMATIONAL CHANGE

5.1. Context for the HNHB LHIN SHSP and IHSP

It is vital to ensure that any transformational change be anchored in the Provincial Vision Statement for Health, in the Minister's Action Plan, and aligned with the Vision and Mission of the HNHB LHIN.

Vision: A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren.

Vision of the ministry:

- **To make Ontario the healthiest place in North America to grow up and grow old**

Action Plan Priorities from the ministry:

- **Support to become healthier**
- **Faster access and stronger link to family health care**
- **The right care, at the right time in the right place**

Vision of the HNHB LHIN:

A health care system that helps keep people healthy, gets them good care when they are sick and will be there for our children and grandchildren.

Further to this, by building on the "Health System Planning Framework," and reflecting stakeholder consultations, the following "Principles for Strategic Planning" were identified to guide the development of the strategic directions for transformational change:

- **Improve the patient experience**
- **Ensure alignment with a common vision and philosophy of care**
- **Improve quality**
- **Promote integration and**
- **Enable enhanced sustainability**

These principles, along with the collective findings from the quantitative and qualitative analysis and leading practices research, were considered together with the ministry and LHIN priorities. Through an iterative process, including workshops, board meetings/retreats, and key stakeholder consultations, the findings were distilled, shaped and refined to create the HNHB LHIN SHSP's Strategic Directions.

The HNHB LHIN's three Strategic Directions are:

I. **Dramatically improving the patient experience by embedding a culture of quality throughout the system.**

II. **Dramatically improving the patient experience by integrating service delivery.**

III. **Dramatically improving the patient experience by becoming health system commissioners.**

The pursuit of these strategic directions will enable HNHB LHIN to dramatically improve the patient experience through quality, integration and value.

HNHB LHIN: Dramatically improving the patient experience through Quality, Integration, and Value.

As the HNHB LHIN moves forward with this plan, change will be focused on dramatically improving the individual's experience with the health care system and its impact on health. The HNHB LHIN will focus change efforts on quality improvement, system redesign and funding allocation reform.

The results of these improvements will be better quality, better integration – leading to better access and transitions – and better value for money. This will require a relentless focus on the use of evidence to improve quality; a measurable shift in where and how services are provided in a way that better meets the needs of the population; and, a different approach to funding for population-based volumes, quality, and outcomes.

As the HNHB LHIN achieves a person-centred, evidence-based, integrated system, the following will be evidenced:

- Individuals will have better access to care through their primary care provider, with more of the care they need provided at home or closer to home.
- Individuals won't wait in hospital ED hallways because there are no available inpatient hospital beds – inpatient beds will be freed up because people will be cared for in a better place.
- Providers will be individually and collectively accountable for quality across the entire patient journey, including the transitions in their care.
- Providers will work differently together, integrating service delivery through local networks and sub-LHIN areas, following a common vision and philosophy of care, and driving quality at every level.

5.2. Strategic Direction #1 – Dramatically improving the patient experience by embedding a culture of quality throughout the system

Description:

"Everything is Quality and Quality is Everything"

In the transformed state, the HNHB LHIN will provide system level leadership in relation to quality, and hold providers accountable for local implementation. This will be guided by a common LHIN-wide philosophy and approach to quality. Efforts will focus on reducing variation and increasing standardization. The HNHB LHIN will achieve better outcomes for its communities - lives saved, quality of life improved and disability decreased. The HNHB LHIN will ensure a better experience for the people it serves. Disparities in quality measures between different groups in HNHB LHIN's communities will diminish over time. The HNHB LHIN will work with provincial partners, both at the ministry and HQO, to achieve these goals.

Goals:

Embedding a culture of quality throughout the system will be achieved through execution of the following goals:

- Goal #1: Develop a common vision for and commitment to quality.
- Goal #2: Launch the Quality Guidance Council to identify areas for focus and incorporate common quality metrics into accountability agreements.
- Goal #3: Build the capacity of boards, leaders, physicians and frontline staff in quality.
- Goal #4: Leverage academic expertise to support the adoption of evidence-based practice and evaluate the achievement of expected outcomes.
- Goal #5: Establish processes for sustaining quality at the network, zone and LHIN-wide program levels, using a balanced scorecard approach.
- Goal #6: Leverage the benefits of the Integrated Support Services System, one system wide Decision Support service, to enable LHIN-wide quality improvement.

5.3. Strategic Direction 2 – Dramatically improving the patient experience by integrating service delivery

Description:

System transformation from provider-centric to patient-centric

In the transformed state, the system will be redesigned to ensure the person is at the centre of care, and that appropriate services are 'wrapped around' the person through the creation of Community Care Networks[21]

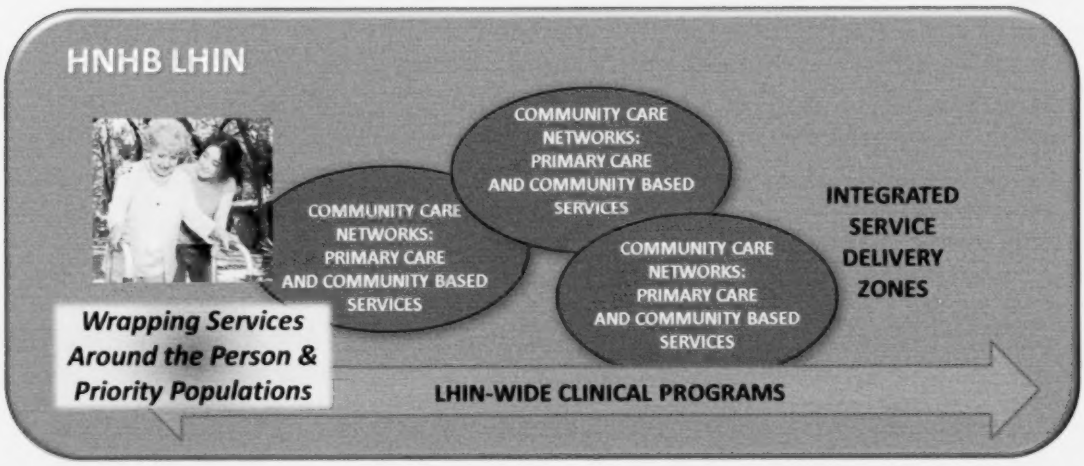
[21] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

(CCNs[22]). Closest to the person will be their primary care provider who will be supported by a diverse and capable network of community services, including CSS, MH and A, local hospital services and LTC.

Groups of CCNs within a defined geographic area will be organized into integrated service delivery zones. LHIN-wide clinical programs, spanning the HNHB LHIN, will provide specialized services to LHIN residents. Services that support care delivery will be centralized into one Integrated Support Services System.

The following figure depicts at a high-level, the new health system structure in the HNHB LHIN.

HNHB LHIN – High Level Overview of the New Health System


HNHB LHIN
COMMUNITY CARE NETWORKS: PRIMARY CARE AND COMMUNITY BASED SERVICES
COMMUNITY CARE NETWORKS: PRIMARY CARE AND COMMUNITY BASED SERVICES
COMMUNITY CARE NETWORKS: PRIMARY CARE AND COMMUNITY BASED SERVICES
INTEGRATED SERVICE DELIVERY ZONES
Wrapping Services Around the Person & Priority Populations
LHIN-WIDE CLINICAL PROGRAMS

Community Care Networks[23]

CCNs will be the primary foundation for the system and will provide patients and their families with a broad array of services at the local level, with the goals of improving population health and patient/public satisfaction. Services will include primary care physicians, medical specialists, CSS, MH and A services, LTCH, local hospital services. Services may be co-located for easy access or may be available virtually. Partnerships will be strengthened in the CCNs to embrace non-LHIN funded providers who play a role in optimizing the health of the population. This may include non-LHIN funded agencies municipalities and other ministries as appropriate.

CCNs will be accountable to the HNHB LHIN and the providers within these networks will share accountability for improved outcomes, focusing on access, right care/right time/right place, healthier populations and fiscal sustainability. The public will be able to make better choices with respect to their health care and providers will be held accountable for ensuring better care is provided within a defined funding envelope.

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[22] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

[23] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

Integrated Service Delivery Zones

The HNHB LHIN will organize providers into three integrated service delivery zones - East, Central, and South. A zone will consist of a number of CCNs[24] existing within a structure that integrates service delivery across sectors including: primary care, community-based, acute, and post-acute services.

Each zone will report to, and be accountable to the HNHB LHIN, and be supported by the LHIN-wide clinical programs, the shared service organization, and the Quality Guidance Council. As this new structure evolves over the five year implementation period, mechanisms to support accountability will also evolve. For example, integrated service delivery agreements may lead to integrated management structures.

In its earliest implementation, however, it is expected that Integrated Service Delivery Zones will promote integration within and across the sectors and reduce both duplication and fragmentation in the system. The formal planning and coordination of services at a local level will reflect community priorities and needs and enhance the coordination of care.

LHIN-wide Clinical Programs

LHIN-wide Clinical Programs will be categorized as population-focused or specialty-based. Population-focused programs will provide a coordinated approach to serve priority populations including, high-risk seniors, those with MH and A, and individuals with multiple chronic conditions. Specialty-based LHIN-wide clinical programs are highly specialized, high-cost programs that require critical mass (for equipment, technology, or health human resources (HHR)). These include, but are not restricted to, stroke, diagnostic services (e.g., imaging, labs), cardiology, oncology, respiratory, high-risk obstetrics, paediatrics, and palliative/end of life.

By creating LHIN-wide clinical programs, quality and integration will improve while simultaneously bringing costs down. Standardized approaches for priority populations will enhance the standard of care, and promote equitable access to services.

The following figure provides greater detail on the new health system structure in the HNHB LHIN.

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[24] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

HNHB LHIN – New Health System Design (Detailed)

Municipalities
Ministry of Health and Long Term Care
Other Ministries
Academic Partners
HNHB LHIN
Embedding Quality
East Integrated Service Delivery Zone
• Existing hospital and community services
• Strengthen primary care, Public Health, EMS relationships
Central Integrated Service Delivery Zone
• Existing hospital and community services
• Strengthen primary care, Public Health, EMS relationships
South Integrated Service Delivery Zone
• Existing hospital and community services
• Strengthen primary care, Public Health, EMS relationships
LHIN-wide Clinical Programs (i.e., Priority Populations, Specialty)
Integrated Support Services System
Commissioning: Outcomes, Quality & Value

Integrated Support Services System

All support services will be integrated into one Integrated Support Services System, including: information management/technology, decision support, human resources, finance/payroll, procurement, telemedicine/ telehomecare/eHealth. This is a cost-effective solution that allows for improved consistency in decision-making, and will also support the successful adoption of a system-wide culture of quality.

Goals:

Integrating service delivery will be achieved through the execution of the following goals:

- Goal #1: Develop a common commitment to, and vision for an integrated service delivery system.
- Goal #2: Identify Community Care Networks[25] and Integrated Service Delivery Zones across the LHIN.
- Goal #3: Continue to evolve strong LHIN-wide Clinical Programs for priority populations and specialty programs that adopt evidence-based practice and quality improvement to deliver the best value for money.
- Goal #4: Create one Integrated Support Services System for all providers across the LHIN.
- Goal #5: Develop strong partnerships at the network and zone levels with public health, emergency medical services (EMS), social services and other providers as appropriate.
- Goal #6: Develop a phased implementation for integrating service delivery at the network and zone level.

5.4. Strategic Direction 3 – Dramatically improving the patient experience by evolving the role of the LHIN to become health system commissioners

[25] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

Description:

Commissioning is the process of ensuring that the health and care services provided effectively meet the needs of the population[26]

To evolve its role within their current legislative mandate, HNHB LHIN should:

- Become health system commissioners focused on quality, volume, price, and accountability.

Commissioning is a complex process with responsibilities ranging from assessing population needs and prioritizing health outcomes to procuring products and services and funding bundles of services. As health system commissioners, the HNHB LHIN staff and Board will make health system decisions based on evidence and performance, develop governance and management capacity, and face tough choices regarding services. The table on the following page outlines they key differences between the LHIN's current role, and its new role as health system commissioners.

A Comparison of the Current Role vs. New Health System Commissioning Role

Current State	Future State
Focus on providers	Focus on populations and accountability for health outcomes
Setting the vision and determining the values for the system	Current plus, expectation for alignment with the vision, values and philosophy of care across the system
Strategic Planning – Integrated Health Service Plan (IHSP)	Current plus, requiring providers to align with system goals and plans
Funding providers	Commissioning services and procedures based on population needs
Tactical management of multitudinous, unwieldy, silo-based providers	Strategic management of continuum of care managed to achieve quality outcomes for the population at best possible price
Silo-focused accountability	System-focused accountability

Goals:

Evolving the role of the LHIN to become health system commissioners will be achieved through execution of the following goals:

- Goal #1: Determine the actions required to become a leader in health system commissioning in Ontario and Canada.

[26] http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/managingyourorganisation/commissioning/index.htm

- Goal #2: Ensure that the LHIN is aligned with the provincial work on Quality-Based Procedures.
- Goal #3: Develop and implement a communications plan related to Quality-Based Procedures and Commissioning.
- Goal #4: Establish the collaborative structures and partnerships required to drive quality and value within HNHB.

6. IMPLEMENTING THE PLAN AND MEASURING SUCCESS

6.1. Critical Success Factors

Critical Success Factor #1- A Time for Action:

The LHIN and PwC were advised throughout the project that people are ready for the change, support the change and want to see it happen without undue delay.

Therefore, it will be important for the HNHB LHIN to:

- communicate its plan in a timely manner to stakeholders
- demonstrate actions with respect to each of the Strategic Directions within this fiscal year
- continue its community engagement efforts in order to continue to secure and ensure continued support for the plan.

Critical Success Factor #2 – Visible and Meaningful Leadership:

While leadership must begin with the HNHB LHIN CEO and Board Chair, it should expand to the concept of a company of leaders aligned with a common vision. It is important that the Plan be seen as everyone's plan (HNHB LHIN and its providers) and not be seen as an individual's plan. In that regard, in its efforts the LHIN should:

- provide inspirational and visionary leadership to providers and to the community
- consider their own and the HSPs cultures and values to determine what is required to make change happen and make it stick
- clearly communicate and expect innovation and leading practices
- rule-out incremental solutions and challenge existing "sacred cows"
- adopt an inclusive style that stresses the importance of involvement of stakeholders and ongoing communication
- create methods to keep staff engaged and enable their participation.

Critical Success Factor #3 –Strategy to guide the implementation planning:

The Implementation Strategy takes the plan and puts it into action. The plan at this stage will require the contributions of various LHIN staff and stakeholders. The HNHB LHIN will need to work with providers to:

- demand innovation and best practice design for the Future State
- create an implementation plan for change over multiple years

- adopt a change management framework
- identify interdependencies, and develop strategies to manage them effectively
- pilot changes, and use phased-roll outs to develop tools and key learnings to support subsequent implementation
- test and validate innovative changes to demonstrate value and acceptance of the proposed change.

Critical Success Factor #4 – Sufficient and Appropriate Resources:

A project of this magnitude and complexity will require the LHIN, with respect to both governance and management, to:

- identify and leverage change champions and advocates to provide enhanced resources to support planning and implementation
- build a network of HNHB LHIN representatives to access a wide cross-section of staff that can provide local-level input and insight. Develop champions so that they can be 'ahead' of the curve and can contribute to building support
- identify training and education needs, and develop and implement a strategy
- ensure continuity of key change champions to see the change from beginning to end
- be bold, and take educated and informed risks.

Critical Success Factor #5 – Clearly Defined Roles, Responsibilities and Accountabilities

The HNHB LHIN will need to consider the roles, responsibilities and accountabilities of LHIN staff and will need to:

- invest heavily in education, team building, and training
- enable teams to better focus on how to work across organizations and geographies by possibly removing them from the traditional work environment
- provide insight into cultures across organization and geographies through tools such as surveys or interviews with staff
- recognize and respect the customs across cultures and cultural nuances to support effective communication and cooperation. Identify people or groups with special expertise or who exhibit best practices, and leverage their potential to build a knowledge network that crosses organizations and geographies
- use a pilot approach to implement narrowly focused but significant change, and then leverage that success to sell the project and approach across organizations and geographies.

Critical Success Factor #6 – Tracking and Reporting Performance

Performance improvement efforts will require the HNHB LHIN to:

- adopt an Evaluation Framework and data collection and reporting protocols to monitor progress, maintain momentum, and make timely adjustments as required
- develop a plan to communicate results to targeted audiences.

Critical Success Factor #7 – Communication and Marketing

The HNHB LHIN is a large LHIN with diverse perspectives that will require timely, thoughtful and transparent communications. In that regard the LHIN will need to:

- synthesize and communicate the case for change through community engagement to overcome complacency, resistance and raise the urgency
- build on examples of previous successful changes and integrations, and the positive outcomes achieved
- make education part of the communication mix; take people to witness best practice or bring best practice to them. Explain any new concepts and watch for jargon
- use a variety of communication tools that are responsive to the demographic and literacy levels of stakeholders.

Critical Success Factor #8 – Understanding the Impact of the Integration on the Culture

The HNHB LHIN should:

- look for opportunities to create a LHIN culture that engenders involvement as 'business as usual' by utilizing ongoing involvement programs
- spell-out the essential culture change component from the outset
- watch for and mitigate initiative fatigue.

Critical Success Factor #9 – Effective Change Management: Considerations for Human Resources

The people side of change is a fundamental consideration. The HNHB LHIN should:

- harness staff specialist knowledge by involving them extensively
- educate early so that people can be more actively engaged
- build strong extended teams to speak persuasively to their peers in favour of the changes, and increase staff engagement and participation
- provide orientation and education programs regarding process, systems thinking and integration.

6.2 Implementation Plan

The following diagram outlines the high-level implementation plan for the 5-Year Strategic Health System Plan.

Figure 21: High-Level Implementation Plan[27]

Phase 0: Implementation Start-Up *Q3 & Q4, 2012*	Phase 1: Early Implementation *Years 1-2*	Phase 2: Full Implementation *Years 2-3*	Phase 3: Monitoring & Evaluation *Years 4-5*
• Develop common vision and philosophy of care for HNHB LHIN • Establish goals to support vision and philosophy statement • Articulate and communicate the LHIN's expectations in relation to each strategic direction • Establish governance structures for each strategic direction • Communicate and socialize Plan with stakeholders • Education, training, and capacity building to support implementation • Determine role and expectations for academic partners	• Determine and engage external LHIN partners (e.g., Public Health, EMS, academic, HQO) • Education, training, and capacity building to support implementation • Establish initial Community Care Networks • Identify and implement quick wins • Establish operational framework for the Zones • Conduct baseline needs assessment for Integrated Support Services System • Build capacity for commissioning role within HNHB LHIN • Incorporate strategic direction metrics into accountability agreements • Establish framework and begin implementation for LHIN-wide Clinical Programs	• Establish mechanisms to monitor and track quality improvement efforts across the LHIN • Establish infrastructure to support quality efforts • Implement balanced scorecard in relation to strategic directions • Continue implementation of Community Care Networks • Full implementation of LHIN-wide Clinical Programs for priority populations and specialty programs • Design and implement governance and operational framework for Integrated Shared Services • Develop service agreements for Integrated Shared Services System	• Implement mechanisms to support mature Zone structure • Full implementation of commissioning model • Monitor and tracking of progress of strategic directions' goals and initiatives • Conduct evaluation of Health System Plan outcomes

6.3. Evaluation Strategy

Overview

An Evaluation Strategy and Framework is a model that sets out the directions, goals and activities/initiatives associated with a strategic plan. It supports a structured monitoring of plan goals and provides direction with respect to measurement of outcomes associated with the stated goals. The framework is helpful in monitoring performance against expectations and outcomes.

In developing the Evaluation Framework for the HNHB LHIN's Strategic Plan the following terminology was used:

[27] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

Evaluation Framework Overview

	Definition	Example
Strategic Direction	• A broadly stated statement of intent providing high level direction in relation to outcomes sought	• Strategic Direction #1: Embed a Culture of Quality throughout the system
Goals	• The goals set out the key areas of focus to realize the strategic direction	• Goal #1: Develop a common commitment and vision to quality across all providers through the establishment of the Quality Guidance Council and incorporation of quality metrics into accountability agreements.
Activities/ Initiatives	• Specific initiatives to be taken within a certain time period to execute a component of the goal	• Draft Terms of Reference for Quality Guidance Council
Target Population	• Refers to the groups served, targeted, priority populations, or providers	• Patients/Caregivers • Residents • Providers
Outcomes/ Metrics	• Outcomes or changes needed to achieve goals.	• Increase in the development and adoption of evidence-based practices • Increase in the utilization of transitional care services

The Evaluation Framework will be the tool used by the HNHB LHIN to determine its progress in moving from the plan to action. It will provide an objective methodology for the LHIN to assess its progress with all components of the SHSP. Additionally, it will serve as a communication tool with providers and the community, so that there is a clear and common understanding of where the LHIN is in relation to the strategic plan.

The Strategic Directions are the foundation of the framework and as the plan becomes operationalized, these directions should become for the LHIN and the HSPs the key areas of focus. They should provide clarity to all and enable providers and the community to understand what is important, what is not and what is being worked on and what is not. In a world of endless new initiatives, the Strategic Directions should provide a new level of clarity and ultimately alignment across the ministry, the LHIN and the providers regarding the priority areas.

The Strategic Directions are strategic high level statements to which are added goal statements. The goals are the statements that identify what has to be done for each of the Strategic Directions to be realized. The goals will be reviewed and refined on an annual basis. The annual review will provide the opportunity to refine or refresh the goal or to acknowledge that the goal has been achieved. The goal statements, the annual review of the goals and refreshing of the goals will be the responsibility of the LHIN. The HNHB LHIN Board will approve the final goals for each direction on an annual basis.

Activities or initiatives are the tactical approaches that will be taken to achieve each of the goals. Initiatives typically run for duration of less than 12 months. They will not be detailed to include every step to be taken, but rather identify the "major activities" that need to take place for the goal to be achieved.

Understanding the target population will be important from the perspective of both service delivery and evaluation. The evaluation process will be strengthened by a clear understanding of what is to be done and for whose benefit. Baseline performance should be established to demonstrate performance improvements through the execution of the strategic plan.

Performance metrics, targets and outcome measures will be the end point of the evaluation. The LHIN and providers will identify what improvements they want for the population, the measures to assess the improvements, the data sources, and the reporting schedule. This will result in detailed reporting per goal, which will ultimately provide the input for the Balanced Scorecard. There will be, from the outset, a need to identify outputs, process measures and outcome measures. The measures should be rooted in the overall goal of a high quality, patient-centred system which delivers value for money. The LHIN may wish to adopt metric principles statement as metric proliferation is common and is frequently fuelled by providers wanting to see their efforts reflected in the evaluation. An example of such a principle would be: "a new metric can be added only if two are retired."

Indicators

The following indicators are examples of what is outlined in the Evaluation Framework, and will enable HNHB to track and monitor performance to plan.

The transitional indicators are largely process and output metrics that will demonstrate that the LHIN is moving ahead toward the successful achievement of a goal and Strategic Direction. Changes in population health will be measured by changes in health outcomes which will in most cases take longer to achieve. Key metrics are outlined by the following Strategic Directions.

Strategic Direction #1: Dramatically improving the patient experience by embedding a culture of quality throughout the system

Transitional Indicators:

- common quality curriculum for all providers in the HNHB LHIN
- number of positions that have quality improvement involved in Quality Improvement (QI) initiatives
- Board Education – LHIN and Provider Board members.

Outcome Indicators:

- patient perceive improvements in the delivery of health care

- the bi-annual staff survey to include staff perception of their ability to impact quality at the front line
- reduce variation
- increase standardization.

Strategic Direction #2: Dramatically improving the patient experience by integrating service delivery

Transitional Indicators:

- adoption of common vision and philosophy of care
- physician groupings are established with clear understanding of how the Community Care Network[28] referral patterns work
- number of staff current deployed in interprofessional care model at local level
- number of patients currently receiving care from an interprofessional team at the local level
- priority LHIN-wide Clinical Programs and the Priority Populations have been identified and planning started for system level execution.
- decrease in the number of providers using the status quo model
- increase in the number of providers adopting new integrated support services model
- improved data quality
- improved ability to compare metrics across providers and LHINs.

Outcomes Indicators:

- reduced ED utilization
- reduced readmissions
- increased use and availability of community services
- patient is a partner within the interprofessional care team
- improved access.

Strategic Direction #3: Dramatically improving the patient experience by becoming health system commissioners

Transitional Indicators:

- balanced Scorecard framework is developed and communicated to providers and clinicians
- governance and management capacity developed
- mechanisms and measures that demonstrate meaningful community engagement established
- mechanisms and measures that demonstrate meaningful provider engagement established.

Outcome Indicators:

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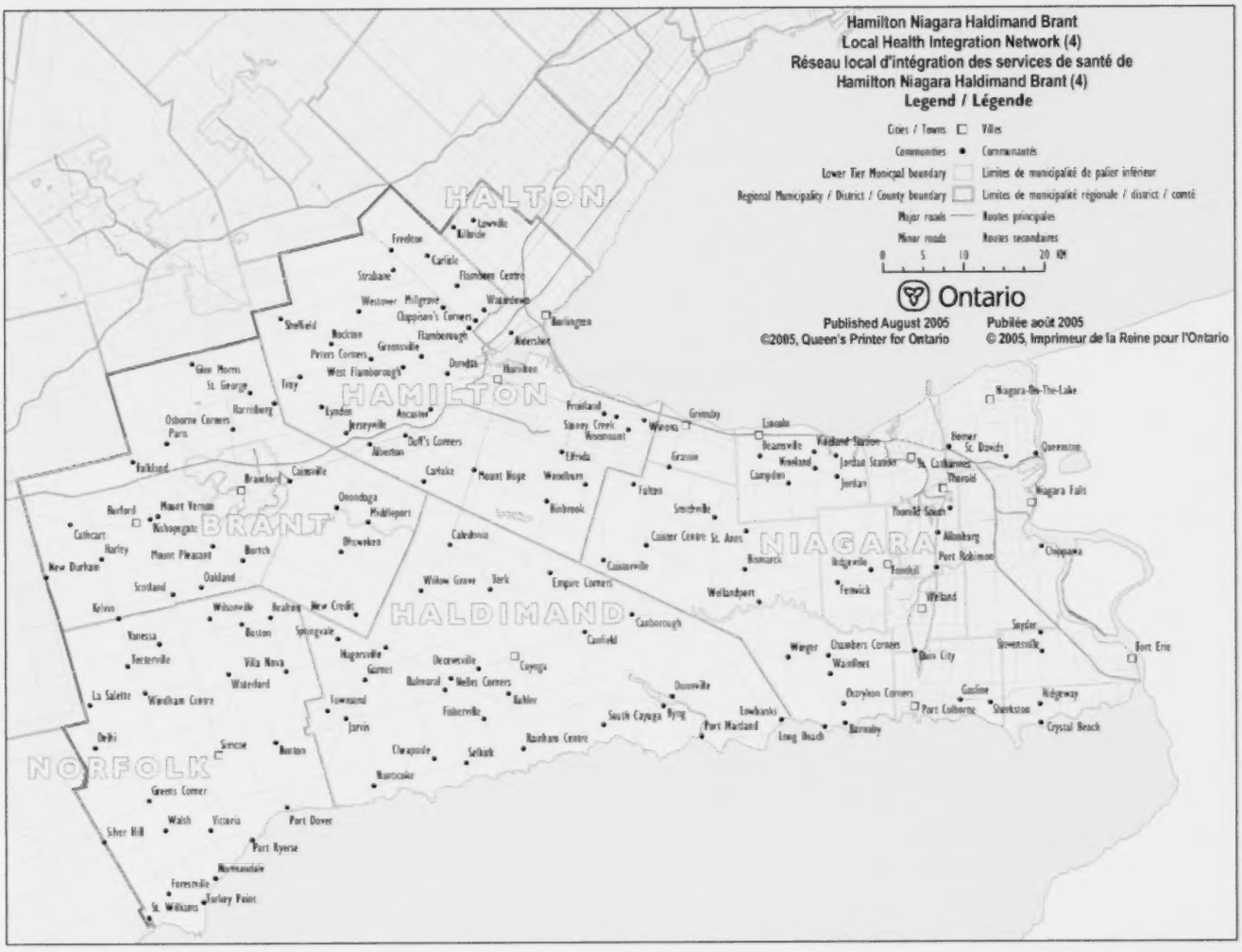
[28] Equivalent to "Health Links" announced by the Ministry of Health and Long-Term Care, December 2012

- clear understanding on the part of governors, management and clinicians of the Balanced Scorecard framework
- staff across the HNHB LHIN and HSPs are working effectively within the Commissioning Model
- community has confidence in the health care system
- clinicians actively participate in the design and delivery of efficient and effective healthcare.

7. SUPPORTING DOCUMENTS

This IHSP is built on the foundation of the HNHB LHINs Strategic Plan – ACTION. You can go to our ACTION page on our website by clicking here to view our SHSP report and appendices.



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